

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 11 2016

1. CARRIER INFORMATION:

2064	Magic Carpet Tours Bus Service, Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
200 West 21st Street			Richmond	VA 23225-3920
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(804) 232-0082		(804) 232-5610	magiccarpettours@aol.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. James Morgan Brown, Sr.	CEO
*Name	*Title
(804) 232-0082	(804) 232-5610 magiccarpettours@aol.com
*Telephone	Other Telephone Fax E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Chauncey Dunham	(301) 399-0981	cdunham690@aol.com
Name of Registered Agent for Service of Process	Telephone	E-mail
6700 Carroll Way		Upper Marlboro MD 20772-3932
Agent Address (must be inside Metropolitan District)	Apt./Suite City	State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NO CHANGES

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

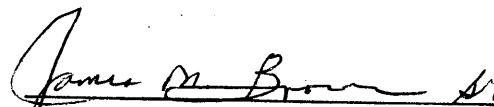
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
2015	2015	MCI	2MG3JMBA9FW066978 ✓	P156042	VA	52	YES
2014	2001	MCI	1M8TRMPA71P061459 ✓	P156033	VA	56	YES
2011	1999	MCI	1M8TRMPA1XP060817 ✓	P156032	VA	56	NO
2012	2001	MCI	1M8TRMPA21P061496 ✓	P156041	VA	56	No
2010	1999	MCI	1M8TRMPA0XP060646 ✓	P156040	VA	56	No
2009	1995	MCI	1M8PDMPA1SP0460817	P156039	VA	51	No
2008	1998	MCI	1M8PDMPA6WP050384 ✓	H507950	Va	55	No
2007	1993	MCI	1M8PDMPA6PP045360 ✓	H517154	VA	55	No
2003	1991	MCI	1M8GDMLA8MP943823 ✓	H511812	VA	43	No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

James M. Brown Sr.

*Name (type or print)


*Signature

Ceo

*Title (not required for sole proprietors)

January 8, 2016

*Date